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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Neurosurgery

Description of the service or services in dispute:

1 series of 3 epidural steroid injections for levels L4/5 and L5/S1

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who sustained an injury initially on xx/xx/xx when he slipped and fell sustaining an injury to the lumbar spine. The patient was initially treated for discogenic low back pain for several years. The patient was reported to have had intermittent flare ups of acute low back pain and radicular symptoms with associated numbness and tingling in the lower extremities, right side worse than left. The patient had continued to utilize anti-inflammatories, muscle relaxers, and narcotics and had not previously improved with physical therapy, acupuncture, or chiropractic treatment. The most recent MRI study was from 12/06/13 which noted a large focal disc herniation with an extruded fragment at L5-S1 extending posteriorly behind the L5 vertebral body to the right side with compression of the neural elements at both levels. The last evaluation was on 06/09/14 for continuing complaints of low back pain radiating to the lower extremities on an occasional basis. The patient was still pending surgical intervention to include lumbar fusion; however, this had previously been denied by utilization review. Medications at this evaluation did include the use of muscle relaxers, Ambien, Xanax, Prozac, and Vicodin. The patient's physical examination did note positive straight leg raising to the right at 45 degrees with tenderness to palpation and muscle spasms in the lumbar region. Straight leg raise signs were also positive to the right at 45 degrees. No focal weakness or sensory loss was present. The right lower extremity was reported to have weakness in an unspecified distribution with more weakness evident in the quadriceps.

The requested series of 3 epidural steroid injections at L4-5 and L5-S1 was denied on 09/03/14 as the series of 3 epidural steroid injections were not supported by guidelines and there was no updated evaluation demonstrating clinical findings for radiculopathy or failure of conservative treatment.

The request was again denied on 10/07/14 as there was again no updated clinical evaluation, discussion regarding specific conservative treatment, or support for a series of 3 epidural steroid injections.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for chronic low back and lower extremity complaints which have intermittently flared in intensity since the date of injury. The last MRI study did note a large disc herniation at L5-S1 contributing to nerve root compression. The last evaluation from June of 2014 did note weakness in the right lower extremity, more profound at the quadriceps without other noted sensory loss or sensory deficits. There were no updated clinical evaluations for this patient after June of 2014. It was unclear whether recent conservative treatment has been provided to the patient. Given the lack of updated physical examination findings for the patient since June of 2014 and as guidelines do not recommend a series of 3 epidural steroid injections due to the lack of their efficacy in the clinical literature, it is this reviewer's opinion that medical necessity has not been established in this case and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)